

No special attention of Physicians is respectfully invited to the Remarks section and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99148 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death, April 9<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Liehtaud

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age, 82 Years, 5 Months,    Days

Color, White

~~Married~~ Widow ~~Single~~, { Cross out the words not required in this line. }

Occupation,   

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, { Give Street and Number. } No 1045 W. Fayette St

Cause of Death, { First (Primary) Second (Immediate), } Chronic Dyspepsia & Phthisis Pulmonalis, Asthenia, & Exhaustion.

Duration of Last Sickness, Several years.

All the above information should be furnished by the Physician.

Place of Burial, April 12

Date of Burial, New Cathedral Ridgely Hammond M. D.

Undertaker, J B Cook Medical Attendant.

Place of Business, 1002 W. Baltimore Address, #502 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

9914

Office of Registrar of Vital Statistics.

Ward

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The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

April 8 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

William Preston

Sex, Male or Female,

{ Cross out the word not required in this line. }

Male

Age,

25

Years,

Months,

Days.

Color,

Black

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Sailor

Norfolk Va

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

3 weeks

Place of Death,

{ Give Street and Number. }

Baltimore University Hospital

Cause of Death,

{ First (Primary), }

{ Second (Immediate), }

Natural Cause

Pneumonia

Duration of Last Sickness,

3 weeks

All the above information should be furnished by the Physician.

Place of Burial,

Public

Date of Burial,

April 10 1887

Undertaker,

Geo. Rinehart

J. K. Wiley

M. D.

Medical Attendant.

Place of Business,

City Hall

Address,

405 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Board of Health, City of Baltimore,

Permit No.

99142

Office of Registrar of Vital Statistics. Ward

20<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr 8<sup>th</sup> 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Horace Lee

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, 1 Years, 4 Months,  Days,

Color, colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and now long in the United States, if of foreign birth. } Moore al. near Davis Hill av.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 1136 Welmer alley

Cause of Death, { First, (Primary,) Pneumonia }  
 { Second, (Immediate,)  }

Duration of Last Sickness, 4 or 5 days

At the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 11<sup>th</sup> 1887

Undertaker, H. W. Bishop Jr. } W. D. Booker M. D.,  
 Medical Attendant.

Place of Business, 812 David Hill Address, 851 Park Av

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99143 Office of Registrar of Vital Statistics. Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 8, 1887

Full Name of Deceased, James Brown { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 24 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Barber

Birth Place, Baltimore { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, 853 Stockholm St { Give Street and Number. }

Cause of Death, Phthisis  
Asthma { First (Primary), Second (Immediate), }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, W. Public

Date of Burial, April 10, 1887

Undertaker, Geo E Brown

Place of Business, City Hall Address, 617 Sharp St

W. S. Booz M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No.

99 144

Office of Registrar of Vital Statistics.

Ward

13<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } A. J. Warner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 47 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Unknown -

Occupation, Street Peddler.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Supposed to be Canada.

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give Street and Number. } University Hospital

Cause of Death, { First (Primary), Second (Immediate), } Concussion & Congestion of the Brain  
Failure of heart's action.

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, April 9/87

Undertaker, Geo. E. Brown F. J. Flannery M. D.

Place of Business, Health Office Address, 1701 Dr. Hill av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.



# Health Department, City of Baltimore.

Permit No. 99145 Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 7 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lambert Stokes

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 39 Years, 11 Months, 5 Days.

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, Porter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 18 years (18)

Place of Death, { Give Street and Number. } 125 Chestnut St

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia  
Exhaustion

Duration of Last Sickness, Twenty two days

All the above information should be furnished by the Physician.

Place of Burial, Lambert Cemetery

Date of Burial, April 10 1887

{ Undertaker, Wm Wm Adams Medical Attendant, Sam J Bell M. D.

{ Place of Business, 46 East St Address, 314 N Euter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



No special attention of Physicians is respectfully invited to the remarks herein, and to the fact that this certificate is not a license to bury.

# Health Department, City of Baltimore.

Permit No. *99146*

Office of Registrar of Vital Statistics.

Ward *13*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, *April 9th '87*

Full Name of Deceased, *Wilhelmina Gutz*  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, *Male* or Female, { Cross out the word not required in this line. }

Age, *40* Years, *—* Months, *—* Days.

Color, *White*

Married, *Single*, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, *—*

Birth Place, { State or country, and how long in the United States, if of foreign birth. } *Germany*

Duration of Residence in the City of Baltimore, *1 day*

Place of Death, { Give Street and Number. } *University Hospital*

Cause of Death, { First (Primary), Second (Immediate), } *Tuberculosis Pulmonum Exhaustion*

Duration of Last Sickness, *Unknown*

All the above information should be furnished by the Physician.

Place of Burial, *Mount Carmel*

Date of Burial, *April 10th 1887*

Undertaker, *H. Sanderson* *C. H. Mitchell* M. D.

Medical Attendant.

Place of Business, *1708 Canton St* Address, *University Hospital*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Agent in Charge of the Health Department is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99147 Office of Registrar of Vital Statistics. Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 8, 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Byrnes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City ✓

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1033 N. Broadway

Cause of Death, { First (Primary), Second (Immediate), } Old Age

Duration of Last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12<sup>th</sup> 1887

Undertaker, Denny & Mitchell W. H. White, M. D.  
Medical Attendant.

Place of Business, 208 Broadway Address, 1101 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS-BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No.

9914

Office of Registrar of Vital Statistics.

Ward

2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Apr 9, 1887

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Redman Neil

Sex, Male or Female,

{ Cross out the word not required in this line. }

Hoyle

Age,

37

Years,

Months,

Days.

Color,

W

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

✓

Occupation,

Laborer

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Ireland

Duration of Residence in the City of Baltimore,

12 years

Place of Death,

{ Give Street and Number. }

2100 - Penna Ave

Cause of Death,

{ First (Primary),

Second (Immediate),

Active Congestion of Brain

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial,

New Cathedral cem

Date of Burial,

April 11, 1887

Undertaker,

Martin Fahey

C. J. House

M. D.

Medical Attendant.

Place of Business,

606 Townsend Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99149 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 9 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret A Shipley

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Sixty Five Years,          Months,          Days

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Homemaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } London Co

Duration of Residence in the City of Baltimore, about 6 years

Place of Death, { Give Street and Number. } Car Drury Hill Ave & York St

Cause of Death, { First (Primary), Second (Immediate), } Asthma  
Congestion of Lungs

Duration of Last Sickness, About 5 months. Had Asthma about 25 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Linden Park

Date of Burial, 10 April

{ Undertaker, James J Chalmer } A C Polo M. D. Medical Attendant.

{ Place of Business, 2141 Pennsylvania } Address, 2102 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]